

<b>United States Bankruptcy Court Northern District of Illinois</b>							<b>Voluntary Petition</b>		
Name of Debtor (if individual, enter Last, First, Middle): <b>White, Rosemary Goodie</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>8988</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):					
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>534 Lyman Ave Oak Park, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):					
ZIPCODE <b>60304-1630</b>				ZIPCODE					
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):					
ZIPCODE				ZIPCODE					
Location of Principal Assets of Business Debtor (if different from street address above):									
ZIPCODE									
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____			<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).				
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									<b>THIS SPACE IS FOR COURT USE ONLY</b>
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000									
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion									
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion									

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>White, Rosemary Goodie</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Nicolette Robovsky</b> <b>3/20/09</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): <b>White, Rosemary Goodie</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Rosemary Goodie White</u> Signature of Debtor <b>Rosemary Goodie White</b>  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney) <b>March 20, 2009</b> Date		<b>Signature of a Foreign Representative</b> I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Nicolette Robovsky</u> Signature of Attorney for Debtor(s)  <b>Nicolette Robovsky 6278336</b> <b>Gleason &amp; Gleason</b> <b>77 W Washington, Ste 1218</b> <b>Chicago, IL 60602</b> <b>(312) 578-9530 Fax: (312) 578-9524</b>  <b>March 20, 2009</b> Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b> I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  _____  <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:    If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

B201 (12/08)

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**White, Rosemary Goodie**  
Printed Name(s) of Debtor(s)

**X /s/ Rosemary Goodie White**  
Signature of Debtor

**3/20/2009**  
Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Joint Debtor (if any)

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on Hand</b>		<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking account with Charter One</b>		<b>100.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.</b>		<b>1,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles</b>		<b>150.00</b>
6. Wearing apparel.		<b>Used Clothing</b>		<b>250.00</b>
7. Furs and jewelry.		<b>Misc Costume Jewelry</b>		<b>200.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term life thru work - no cash value</b>		<b>0.00</b>
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>2 Retirement accounts</b>		<b>1,000.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>2008 potential tax refund</b>		<b>1,500.00</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2000 Chevy Impala</b>		<b>3,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			



IN RE White, Rosemary Goodie

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>7,750.00</b>

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking account with Charter One	735 ILCS 5 §12-1001(b)	100.00	100.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	1,500.00	1,500.00
Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles	735 ILCS 5 §12-1001(a)	150.00	150.00
Used Clothing	735 ILCS 5 §12-1001(a)	200.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	200.00	200.00
2 Retirement accounts	735 ILCS 5 §12-1006(a)	1,000.00	1,000.00
2008 potential tax refund	735 ILCS 5 §12-1001(b)	1,500.00	1,500.00
2000 Chevy Impala	735 ILCS 5 §12-1001(c) 735 ILCS 5 §12-1001(b)	2,400.00 600.00	3,000.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>29809630</b> <b>Asset Acceptance Llc</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>		<b>Open account opened 12/06</b>				<b>676.00</b>
ACCOUNT NO. <b>Target</b> <b>PO Box 9475</b> <b>Minneapolis, MN 55440-9475</b>		<b>Assignee or other notification for: Asset Acceptance Llc</b>				
ACCOUNT NO. <b>00000105790</b> <b>Best Source Credit Union</b> <b>PO Box 430568</b> <b>Pontiac, MI 48343-0568</b>		<b>bank fees</b>				<b>483.00</b>
ACCOUNT NO. <b>13594197060700853</b> <b>Cach Llc</b> <b>370 17th St</b> <b>Denver, CO 80202-1370</b>		<b>Open account opened 7/06. Judgment from 07M1199637</b>				<b>8,576.00</b>
Subtotal (Total of this page)						\$ <b>9,735.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

7 continuation sheets attached

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Bank of America</b> <b>PO Box 26012</b> <b>Greensboro, NC 27420-6012</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>Blitt And Gaines</b> <b>661 Glenn Ave</b> <b>Wheeling, IL 60090-6017</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>Plaza Associates</b> <b>PO Box 18008</b> <b>Hauppauge, NY 11788-8808</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>Trauner, Cohen &amp; Thomas, Llp</b> <b>2880 Dresden Dr</b> <b>Atlanta, GA 30341-3920</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>529149227556</b> <b>Capital One</b> <b>PO Box 85520</b> <b>Richmond, VA 23285-5520</b>		<b>Revolving account opened 4/01</b>				<b>20,888.00</b>
ACCOUNT NO. <b>Alliance One</b> <b>1160 Centre Pointe Dr Ste 1</b> <b>Saint Paul, MN 55120-1270</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Blatt Hasenmiller Leibsker Moore</b> <b>125 S Wacker Dr Ste 400</b> <b>Chicago, IL 60606-4424</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				

Sheet no. 1 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **20,888.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>MRS Associates</b> <b>3 Executive Campus Ste 400</b> <b>Cherry Hill, NJ 08002-4103</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Nco Financial</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Osi Collection Services</b> <b>1375 E Woodfield Rd Ste 110</b> <b>Schaumburg, IL 60173-5447</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>TSYS Debt Management</b> <b>PO Box 5155</b> <b>Norcross, GA 30091-5155</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Credit First/ Firestone</b> <b>PO Box 818011</b> <b>Cleveland, OH 44181-8011</b>		<b>Revolving credit card charges incurred over the</b> <b>past several years.</b>				<b>708.00</b>
ACCOUNT NO. <b>601100743025</b> <b>Discover Fin Svcs Llc</b> <b>PO Box 15316</b> <b>Wilmington, DE 19850-5316</b>		<b>Revolving account opened 6/01</b>				<b>3,179.00</b>
ACCOUNT NO. <b>Associated Recovery Systems</b> <b>PO Box 469046</b> <b>Escondido, CA 92046</b>		<b>Assignee or other notification for:</b> <b>Discover Fin Svcs Llc</b>				

Sheet no. 2 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,887.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Financial Recovery Services</b> <b>PO Box 385908</b> <b>Minneapolis, MN 55438-5908</b>		<b>Assignee or other notification for:</b> <b>Discover Fin Svcs Llc</b>				
ACCOUNT NO. <b>Fifth Third Bank</b> <b>PO Box 630337</b> <b>Cincinnati, OH 45263-0337</b>		<b>bank fees</b>				<b>250.00</b>
ACCOUNT NO. <b>1071553145</b> <b>Glamour Magazine</b> <b>PPS</b> <b>1350 E Flamingo Rd # 749</b> <b>Las Vegas, NV 89119-5263</b>		<b>subscription</b>				<b>36.00</b>
ACCOUNT NO. <b>1255413</b> <b>JC Penny</b> <b>Attn Bankruptcy</b> <b>PO Box 10001</b> <b>Dallas, TX 75301-0001</b>		<b>Revolving credit card charges incurred over the past several years.</b>				<b>2,247.00</b>
ACCOUNT NO. <b>CTI Collection Services</b> <b>PO Box 4783</b> <b>Chicago, IL 60680-4783</b>		<b>Assignee or other notification for:</b> <b>JC Penny</b>				
ACCOUNT NO. <b>Freedman, Anselmo, Lindberg, &amp; Rappe</b> <b>1807 W Diehl Rd Ste 333</b> <b>Naperville, IL 60566</b>		<b>Assignee or other notification for:</b> <b>JC Penny</b>				
ACCOUNT NO. <b>191717</b> <b>Lou Harris Company</b> <b>613 Academy Dr</b> <b>Northbrook, IL 60062-2420</b>		<b>Open account opened 4/08</b>				<b>66.00</b>

Sheet no. 3 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,599.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Sears Dental</b> <b>1601 N Harlem Ave # LL</b> <b>Chicago, IL 60707-4303</b>		<b>Assignee or other notification for:</b> <b>Lou Harris Company</b>				
ACCOUNT NO. <b>6032207120650692</b> <b>Lvnv Funding Llc</b> <b>PO Box 740281</b> <b>Houston, TX 77274-0281</b>		<b>Open account opened 12/06</b>				<b>2,896.00</b>
ACCOUNT NO. <b>Associated Recovery Systems</b> <b>PO Box 469046</b> <b>Escondido, CA 92046</b>		<b>Assignee or other notification for:</b> <b>Lvnv Funding Llc</b>				
ACCOUNT NO. <b>Financial Recovery Services</b> <b>PO Box 385908</b> <b>Minneapolis, MN 55438-5908</b>		<b>Assignee or other notification for:</b> <b>Lvnv Funding Llc</b>				
ACCOUNT NO. <b>Gemb/ Walmart</b> <b>Attn: Bankruptcy</b> <b>PO Box 103106</b> <b>Roswell, GA 30076-9106</b>		<b>Assignee or other notification for:</b> <b>Lvnv Funding Llc</b>				
ACCOUNT NO. <b>Universal Fidelity Llp</b> <b>PO Box 941911</b> <b>Houston, TX 77094-8911</b>		<b>Assignee or other notification for:</b> <b>Lvnv Funding Llc</b>				
ACCOUNT NO. <b>003111331</b> <b>MEA Elk Grove Llc</b> <b>PO Box 366</b> <b>Hinsdale, IL 60522-0366</b>		<b>Medical or Dental Bill</b>				<b>522.00</b>

Sheet no. 4 of 7 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **3,418.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>11051029230</b> <b>Nationwide Credit And Co</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>Collections for Medical or Dental Bills. Open account opened 9/07</b>				<b>283.00</b>
ACCOUNT NO. <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>Assignee or other notification for: Nationwide Credit And Co</b>				
ACCOUNT NO. <b>11020163949</b> <b>Nationwide Credit And Co</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>Collections for Medical or Dental Bills. Open account opened 7/07</b>				<b>541.00</b>
ACCOUNT NO. <b>Loyola University Physician Foundation</b> <b>2 Westbrook Corporate Ctr Ste 600</b> <b>Westchester, IL 60154-5716</b>		<b>Assignee or other notification for: Nationwide Credit And Co</b>				
ACCOUNT NO. <b>1103229061</b> <b>Nbgl-carsons</b> <b>PO Box 15521</b> <b>Wilmington, DE 19850-5521</b>		<b>Revolving account opened 4/01.</b>				<b>1,985.00</b>
ACCOUNT NO. <b>FMa Alliance</b> <b>11811 North Fwy Ste 900</b> <b>Houston, TX 77060-3292</b>		<b>Assignee or other notification for: Nbgl-carsons</b>				
ACCOUNT NO. <b>National Asset Recovery</b> <b>2880 Dresden Dr Ste 200</b> <b>Atlanta, GA 30341</b>		<b>Assignee or other notification for: Nbgl-carsons</b>				

Sheet no. 5 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,809.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Nelson, Watson, &amp; Associates</b> <b>80 Merrimack St Lowr LEVEL</b> <b>Haverhill, MA 01830-5211</b>		<b>Assignee or other notification for:</b> <b>Nbgl-carsons</b>				
ACCOUNT NO. <b>Pal1chase10617539</b> <b>Palisades Collection L</b> <b>For Chase</b> <b>210 Sylvan Ave</b> <b>Englewood, NJ 07632-2524</b>		<b>Open account opened 8/05</b>				<b>3,625.00</b>
ACCOUNT NO. <b>Blatt Hasenmiller Leibsker Moore</b> <b>125 S Wacker Dr Ste 400</b> <b>Chicago, IL 60606-4424</b>		<b>Assignee or other notification for:</b> <b>Palisades Collection L</b>				
ACCOUNT NO. <b>Chase</b> <b>Attn: Bankruptcy Dept</b> <b>PO Box 100018</b> <b>Kennesaw, GA 30156-9204</b>		<b>Assignee or other notification for:</b> <b>Palisades Collection L</b>				
ACCOUNT NO. <b>Wolpoff &amp; Abramson, Llp</b> <b>Two Irvington Centre</b> <b>702 King Farm Blvd</b> <b>Rockville, MD 20850-5774</b>		<b>Assignee or other notification for:</b> <b>Palisades Collection L</b>				
ACCOUNT NO. <b>Reader's Digest Magazine</b> <b>PO Box 7856</b> <b>Red Oak, IA 51591-0856</b>		<b>subscription</b>				<b>10.00</b>
ACCOUNT NO. <b>92772001</b> <b>Target N.b.</b> <b>PO Box 673</b> <b>Minneapolis, MN 55440-0673</b>		<b>Revolving account opened 6/03</b>				<b>407.00</b>

Sheet no. 6 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,042.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Associated Recovery Systems</b> <b>PO Box 469046</b> <b>Escondido, CA 92046</b>		<b>Assignee or other notification for:</b> <b>Target N.b.</b>				
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 7 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

**47,378.00**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Separated</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>See Schedule Attached</b>	

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>2,768.48</b>	\$
2. Estimated monthly overtime	\$	\$
<b>3. SUBTOTAL</b>	<b>\$ 2,768.48</b>	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>518.65</b>	\$
b. Insurance	\$ <b>208.86</b>	\$
c. Union dues	\$	\$
d. Other (specify) <b>Charity</b>	\$ <b>1.00</b>	\$
	\$	\$
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 758.17</b>	
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 2,010.31</b>	
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify)	\$	\$
	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify)	\$	\$
	\$	\$
	\$	\$
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$</b>	<b>\$</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 2,010.31</b>	<b>\$</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 2,010.31</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

IN RE White, Rosemary Goodie

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	<b>Part-Time</b>	
Name of Employer	<b>Fed Ex</b>	
How long employed		
Address of Employer	<b>3875 Airways H/1 West</b> <b>Memphis, TN 38116</b>	
Occupation	<b>Receptionist</b>	
Name of Employer	<b>Peacock Engineer</b>	
How long employed	<b>6 months</b>	
Address of Employer	<b>Bolingbrook, IL</b>	

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 800.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 120.00
b. Water and sewer	\$
c. Telephone	\$
d. Other Cell Phone	\$ 75.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 350.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 100.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 50.00
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 50.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Personal Care And Grooming	\$ 75.00
Vehicle Care And Maintenance	\$ 40.00
Bank Fees And Postage	\$ 25.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,035.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,039.97
b. Average monthly expenses from Line 18 above	\$ 2,035.00
c. Monthly net income (a. minus b.)	\$ 4.97

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 22 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 20, 2009 Signature: /s/ Rosemary Goodie White  
Rosemary Goodie White Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

\_\_\_\_\_

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.



IN RE:

White, Rosemary Goodie

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
16,000.00	2006 Income from employment
16,546.00	2007 Income from employment
2,039.00	2008 Income from employment (monthly)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a, or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Cach, LLC vs Rosemary White; 07M1199687</b>	<b>Collections</b>	<b>Cook County Circuit Court</b>	<b>Judgment entered</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Gleason &amp; Gleason 77 W Washington, Ste 1218 Chicago, IL 60602</b>	<b>11/01/2008</b>	<b>351.00</b>

#### 10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

612 S Rice, Bellwood, IL 60104

#### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **March 20, 2009** Signature **/s/ Rosemary Goodie White**  
of Debtor **Rosemary Goodie White**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

White, Rosemary Goodie

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 7,750.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		\$ 47,378.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 2,039.97
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,035.00
TOTAL		20	\$ 7,750.00	\$ 47,378.00	

IN RE:

Case No. \_\_\_\_\_

White, Rosemary Goodie

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 2,039.97
Average Expenses (from Schedule J, Line 18)	\$ 2,035.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 3,587.48

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 47,378.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 47,378.00

IN RE:

White, Rosemary Goodie

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Rosemary Goodie White

Date: March 20, 2009

IN RE:

White, Rosemary Goodie

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	
Property No. 2 (if necessary)	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: March 20, 2009

/s/ Rosemary Goodie White

Signature of Debtor

\_\_\_\_\_  
Signature of Joint Debtor



IN RE:

Case No. \_\_\_\_\_

White, Rosemary Goodie

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 44

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: March 20, 2009

/s/ Rosemary Goodie White

Debtor

\_\_\_\_\_  
Joint Debtor

White, Rosemary Goodie  
534 Lyman Ave  
Oak Park, IL 60304-1630

Capital One  
PO Box 85520  
Richmond, VA 23285-5520

Gemb/ Walmart  
Attn: Bankruptcy  
PO Box 103106  
Roswell, GA 30076-9106

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Chase  
Attn: Bankruptcy Dept  
PO Box 100018  
Kennesaw, GA 30156-9204

Glamour Magazine  
PPS  
1350 E Flamingo Rd # 749  
Las Vegas, NV 89119-5263

Alliance One  
1160 Centre Pointe Dr Ste 1  
Saint Paul, MN 55120-1270

Chex Systems  
7805 Hudson Rd Ste 100  
Saint Paul, MN 55125-1595

JC Penny  
Attn Bankruptcy  
PO Box 10001  
Dallas, TX 75301-0001

Asset Acceptance Llc  
PO Box 2036  
Warren, MI 48090-2036

Credit First/ Firestone  
PO Box 818011  
Cleveland, OH 44181-8011

Lou Harris Company  
613 Academy Dr  
Northbrook, IL 60062-2420

Associated Recovery Systems  
PO Box 469046  
Escondido, CA 92046

CTI Collection Services  
PO Box 4783  
Chicago, IL 60680-4783

Loyola University Medical Center  
2160 S 1st Ave  
Maywood, IL 60153-3328

Bank of America  
PO Box 26012  
Greensboro, NC 27420-6012

Discover Fin Svcs Llc  
PO Box 15316  
Wilmington, DE 19850-5316

Loyola University Physician Foundation  
2 Westbrook Corporate Ctr Ste 600  
Westchester, IL 60154-5716

Best Source Credit Union  
PO Box 430568  
Pontiac, MI 48343-0568

Fifth Third Bank  
PO Box 630337  
Cincinnati, OH 45263-0337

Lvnv Funding Llc  
PO Box 740281  
Houston, TX 77274-0281

Blatt Hasenmiller Lebsker Moore  
125 S Wacker Dr Ste 400  
Chicago, IL 60606-4424

Financial Recovery Services  
PO Box 385908  
Minneapolis, MN 55438-5908

MEA Elk Grove Llc  
PO Box 366  
Hinsdale, IL 60522-0366

Blitt And Gaines  
661 Glenn Ave  
Wheeling, IL 60090-6017

FMa Alliance  
11811 North Fwy Ste 900  
Houston, TX 77060-3292

MRS Associates  
3 Executive Campus Ste 400  
Cherry Hill, NJ 08002-4103

Cach Llc  
370 17th St  
Denver, CO 80202-1370

Freedman, Anselmo, Lindberg, & Rappe  
1807 W Diehl Rd Ste 333  
Naperville, IL 60566

National Asset Recovery  
2880 Dresden Dr Ste 200  
Atlanta, GA 30341

Nationwide Credit And Co  
9919 W Roosevelt Rd  
Westchester, IL 60154-2774

Target N.b.  
PO Box 673  
Minneapolis, MN 55440-0673

Nbgl-carsons  
PO Box 15521  
Wilmington, DE 19850-5521

Telecheck  
5251 Westheimer Rd  
Houston, TX 77056-5412

Nco Financial  
507 Prudential Rd  
Horsham, PA 19044-2308

Trauner, Cohen & Thomas, Llp  
2880 Dresden Dr  
Atlanta, GA 30341-3920

Nelson, Watson, & Associates  
80 Merrimack St Lowr LEVEL  
Haverhill, MA 01830-5211

TSYS Debt Management  
PO Box 5155  
Norcross, GA 30091-5155

Osi Collection Services  
1375 E Woodfield Rd Ste 110  
Schaumburg, IL 60173-5447

Universal Fidelity Llp  
PO Box 941911  
Houston, TX 77094-8911

Palisades Collection L  
For Chase  
210 Sylvan Ave  
Englewood, NJ 07632-2524

Wolpoff & Abramson, Llp  
Two Irvington Centre  
702 King Farm Blvd  
Rockville, MD 20850-5774

Plaza Associates  
PO Box 18008  
Hauppauge, NY 11788-8808

Reader's Digest Magazine  
PO Box 7856  
Red Oak, IA 51591-0856

Sears Dental  
1601 N Harlem Ave # LL  
Chicago, IL 60707-4303

Target  
PO Box 9475  
Minneapolis, MN 55440-9475

2007

Department of the Treasury  
Internal Revenue Service

► Do not send to the IRS. This is not a tax return.  
► Keep this form for your records. See instructions.

Declaration Control Number (DCN) 00-360347-8

Taxpayer's name

ROSEMARY G WHITE

Spouse's name

Social security number

Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	17,432.
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	929.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	1,710.
4	Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	781.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize HR BLOCK to enter or generate my PIN 18988  
ERO firm name do not enter all zeros  
as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature COPY ONLY Date 02/05/2008**Spouse's PIN: check one box only**

☐ I authorize HR BLOCK to enter or generate my PIN   
ERO firm name do not enter all zeros  
as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature COPY ONLY Date **Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

36034759387

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature  Date 02/05/2008

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.

Form 8879 (2007)

Form 1040 Department of the Treasury - Internal Revenue Service  
**U.S. Individual Income Tax Return** 2007  
 For the year Jan. 1-Dec. 31, 2007, or other tax year beginning , 2007, ending , 20 OMB No. 1545-0074

**Label** ROSEMARY G WHITE  
 534 S LYMAN  
 OAK PARK, IL 60304

**Your social security number** 400-868-888  
**Spouse's social security number**

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ☐ **You** ☐ **Spouse**

**Filing Status** 1 ☒ Single  
 2 ☐ Married filing jointly (even if only one had income)  
 3 ☐ Married filing separately. Enter spouse's SSN above & full name below  
 4 ☐ Head of household (with qualifying person). (See page 13.)  
 5 ☐ Qualifying widow(er) with dependent child (see page 14)

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a  
 b ☐ Spouse

**Income**

	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qual. child for child tax cr.	
7 Wages, salaries, tips, etc. Attach Form(s) W-2.						16,546.
8a Taxable interest. Attach Schedule B if required						8a
b Tax-exempt interest. Do not include on line 8a						8b
9a Ordinary dividends. Attach Schedule B if required						9a
b Qualified dividends (see page 19)						9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)						10 60.
11 Alimony received						11
12 Business income or (loss). Attach Schedule C or C-EZ						12 889.
13 Capital gain/ (loss). Attach Sch D. If not required, check here						13
14 Other gains or (losses). Attach Form 4797						14
15a IRA distributions						15a
b Taxable amt						15b
16a Pensions and annuities						16a
b Taxable amt						16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						17
18 Farm income or (loss). Attach Schedule F						18
19 Unemployment compensation						19
20a Social security benefits						20a
b Taxable amt						20b
21 Other income. List type and amount (see page 24)						21
22 Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>						22 17,495.
23 Educator expenses (see page 26)						23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ						24
25 Health savings account deduction. Attach Form 8889						25
26 Moving expenses. Attach Form 3903						26
27 One-half of self-employment tax. Attach Schedule SE						27 63.
28 Self-employed SEP, SIMPLE, and qualified plans						28
29 Self-employed health insurance deduction (see page 26)						29
30 Penalty on early withdrawal of savings						30
31a Alimony paid b Recipient's SSN						31a
32 IRA deduction (see page 27)						32
33 Student loan interest deduction (see page 30)						33
34 Tuition and fees deduction. Attach Form 8917						34
35 Domestic production activities deduction. Attach Form 8903						35
36 Add lines 23 through 31a and 32 through 35						36 63.
37 Subtract line 36 from line 22. This is your <b>adjusted gross income</b>						37 17,432.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Form 1040 (2007)



Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Period Ending: 01/24/2009  
Advice Date: 01/30/2009  
Advice Number: 0032700785  
Batch Number: DCL002007697

Exemptions Addl Amt Addl %  
Fed: S-00  
IL: N-00

ROSEMARY G. WHITE

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makes this check possible.

Earnings	rate	hours	this period	year-to-date
Reg Earn	14.040	14.42	202.46	1345.73
Holiday				112.32

Gross Pay 202.46 1458.05  
Fed Tax Wages 190.31 1310.25  
# Non Cash Earnings & Benefits  
\* Excluded from Taxable Wages

TOTAL GROSS	202.46	1458.05
TOTAL TAXES	15.13	267.77
TOTAL DEDUCTIONS	43.52	375.54
NET PAY	123.81	814.74

Taxes	this period	year-to-date
Fed Withholding	13.93	121.53
Fed MED/EE	2.94	20.27
Fed OASDI/EE	12.55	86.66
IL Withholding	5.71	39.31
Total Taxes	35.13	267.77

Deductions	this period	year-to-date
*401KPreTax	12.15	87.48
*DENTAL		5.75
*HCSA		0.32
*PREMR PLUS		40.50
*PREMIER		11.75
*VISION		2.00
Charity	1.00	5.00
Garn - Writ	30.37	218.70
Opt Life		4.04
Total Deductions	43.52	375.54

Other Information

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TEAR HERE



Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Advice Number: 0032700785  
Advice Date: 01/30/2009  
0000354402

Deposited to the account of  
ROSEMARY G. WHITE

Account Number  
XXXXXXXX6272

Amount  
123.81

THIS IS NOT A CHECK  
NON-NEGOTIABLE



Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Page 001 of 001  
Period Ending: 01/17/2009  
Advice Date: 01/23/2009  
Advice Number: 0032614676  
Batch Number: DCL002007692

Exemptions Addl Amt Addl %  
Fed: S-00  
IL: N-00

**ROSEMARY G. WHITE**

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makes this check possible.

Earnings	rate	hours	this period	year-to-date
Reg Earn	14.040	21.53	302.28	1143.27
Holiday				112.32

Gross Pay 302.28 1255.59  
Fed Tax Wages 268.64 1119.94

# Non Cash Earnings & Benefits  
\* Excluded from Taxable Wages

TOTAL GROSS	302.28	1255.59
TOTAL TAXES	55.20	232.64
TOTAL DEDUCTIONS	80.99	332.02
NET PAY	166.09	690.93

Taxes	this period	year-to-date
Fed Withholding	25.20	107.60
Fed MED/EE	4.16	17.33
Fed OASDI/EE	17.78	74.11
IL Withholding	8.06	33.60
Total Taxes	55.20	232.64

Deductions	this period	year-to-date
*401KPreTax	18.14	75.33
*DENTAL	1.50	5.75
*PREMR PLUS	13.50	40.50
*VISION	0.50	2.00
*HCSA		0.32
*PREMIER		11.75
Charity	1.00	4.00
Garn - Writ	45.34	188.33
Opt Life	1.01	4.04
Total Deductions	80.99	332.02

Other Information

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VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM



Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Advice Number: 0032614676  
Advice Date: 01/23/2009  
0000354402

Deposited to the account of  
ROSEMARY G. WHITE

Account Number  
XXXXXXXX6279

Amount  
166.09

**THIS IS NOT A CHECK**  
**NON-NEGOTIABLE**

THE ORIGINAL DOCUMENT HAS AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN EXAMINING THE DOCUMENT.



Federal Express Corporation  
3875 Airways, H/H West  
U.S. Payroll Services  
Memphis, TN 38116

0000354402  
606660300 101062010F 041949-041996

Exemptions Addl Amt Addl %  
Fed: S-00  
IL: N-00

Earnings	rate	hours	this period	year-to-date
Holiday	14.040	4.00	56.16	112.32
Reg Earn	14.040	17.36	243.73	574.65
Gross Pay			299.89	686.97
Fed Tax Wages			266.40	616.44
# Non Cash Earnings & Benefits				
* Excluded from Taxable Wages				

## Earnings Statement

Page 001 of 001  
Period Ending: 01/03/2009  
Check Date: 01/09/2009  
Check Number: 0020704259  
Batch Number: DCL002007682

ROSEMARY G. WHITE  
-----  
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TOTAL GROSS	299.89	686.97
TOTAL TAXES	54.61	131.07
TOTAL DEDUCTIONS	80.48	177.59
NET PAY	164.80	378.31
Taxes	this period	year-to-date
Fed Withholding	24.86	62.27
Fed MED/EE	4.13	9.54
Fed OASDI/EE	17.63	40.77
IL Withholding	7.99	18.49
Total Taxes	54.61	131.07
Deductions	this period	year-to-date
*401KPre-tax	17.99	41.21
*DENTAL	1.50	2.75
*PREMR PLUS	13.50	13.50
*VISION	0.50	1.00
*HCSA		0.32
*PREMIER		11.75
Charity	1.00	2.00
Garn - Writ	44.98	103.04
Opt Life	1.01	2.02
Total Deductions	80.48	177.59
Other Information		

FOR FEDERAL DOCUMENT CENTER - DO NOT WRITE IN THESE AREAS. ANY CHANGES WILL BE GRADUALLY AND EVENLY FROM DATE





Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Page 001 of 001  
Period Ending: 09/27/2008  
Advice Date: 10/03/2008  
Advice Number: 0031466315  
Batch Number: DCL002007616

Exemptions Addl Amt Addl %  
Fed: S-00  
IL: N-00

**ROSEMARY G. WHITE**  
.....  
Delivering on the Purple Promise  
makes this check possible.

Earnings	rate	hours	this period	year-to-date
WklyMin	14.04	0.70	9.83	100.94
Reg Earn	14.04	16.80	235.87	9106.85
Holiday				275.84
Vacation				668.96
Sick Pay				441.75
Hol Cash				56.16
RetroReg				
OvrTimePrm				576.08
Overtime				1152.20
FltgHoliday				112.32
Pers Bus				112.32
Retro OT				0.05
PrplPromPP				21.00

Gross Pay 245.70 12624.47  
Fed Tax Wages 188.30 10288.61  
# Non Cash Earnings & Benefits  
\* Excluded from Taxable Wages

TOTAL GROSS	245.70	12624.47
TOTAL TAXES	34.92	2114.65
TOTAL DEDUCTIONS	59.41	2413.23
NET PAY	151.37	8096.59

Taxes	this period	year-to-date
Fed Withholding	13.73	960.95
Fed MED/EE	2.95	160.17
Fed OASDI/EE	12.59	684.86
IL Withholding	5.65	308.67
Total Taxes	34.92	2114.65

Deductions	this period	year-to-date
*401KPreTax	14.74	757.44
*DENTAL	1.25	46.25
*HCSA	29.16	1078.92
*PREMIER	11.75	434.75
*VISION	0.50	18.50
Charity	1.00	40.00
Opt Life	1.01	37.37
Total Deductions	59.41	2413.23

Other Information



Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Advice Number: 0031466315  
Advice Date: 10/03/2008  
0000354402

Deposited to the account of  
ROSEMARY G. WHITE

Account Number  
XXXXXX1287

Amount  
151.37

**THIS IS NOT A CHECK**  
**NON-NEGOTIABLE**



Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Page 001 of 001  
Period Ending: 09/13/2008  
Advice Date: 09/19/2008  
Advice Number: 0031300767  
Batch Number: DCL002007606

Exemptions Addl Amt Addl %  
Fed: S-00  
IL: N-00

**ROSEMARY G. WHITE**  
Delivering on the Purple Promise  
makes this check possible.

Earnings	rate	hours	this period	year-to-date
WklyMin	14.04	2.35	32.99	60.92
Reg Earn	14.04	15.15	212.71	8655.47
Holiday				275.84
Vacation				668.96
Sick Pay				441.75
Hot Cash				56.16
RetroReg				
OvrTimePrm				576.08
Overtime				1152.20
FltgHoliday				112.32
Pers Bus				112.32
Retro OT				0.05
Prp1PromPP				21.00
Gross Pay			245.70	12133.07
Fed Tax Wages			188.30	9912.01
# Non Cash Earnings & Benefits				
* Excluded from Taxable Wages				

TOTAL GROSS	245.70	12133.07
TOTAL TAXES	34.91	2044.82
TOTAL DEDUCTIONS	59.41	2294.41
NET PAY	151.38	7793.84
Taxes	this period	year-to-date
Fed Withholding	13.73	933.49
Fed MED/EE	2.94	154.28
Fed OASDI/EE	12.59	659.68
IL Withholding	5.65	297.37
Total Taxes	34.91	2044.82
Deductions	this period	year-to-date
*401KPreTax	14.74	727.96
*DENTAL	1.25	43.75
*HCSA	29.16	1020.60
*PREMIER	11.75	411.25
*VISION	0.50	17.50
Charity	1.00	38.00
Opt Life	1.01	35.35
Total Deductions	59.41	2294.41
Other Information		

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

FedEx Express Federal Express Corporation  
3875 Airways, H/1 West  
U.S. Payroll Services  
Memphis, TN 38116

Advice Number: 0031300767  
Advice Date: 09/19/2008  
0000354402

Deposited to the account of  
ROSEMARY G. WHITE

Account Number  
XXXXXX1287

Amount  
151.38

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**



Federal Express Corporation  
 3875 Airways, H/1 West  
 U.S. Payroll Services  
 Memphis, TN 38116

Page 001 of 001  
 Period Ending: 10/18/2008  
 Advice Date: 10/24/2008  
 Advice Number: 0031650012  
 Batch Number: DCL002007631

Exemptions Addl Amt Addl %  
 Fed: S-00  
 IL: N-00

ROSEMARY G. WHITE  
 Delivering on the Purple Promise  
 makes this check possible.

Earnings	rate	hours	this period	year-to-date
Reg Earn	14.04	15.86	222.67	9687.54
FltgHoliday				168.48
WklyMin				139.27
Vacation				725.12
Holiday				275.84
Sick Pay				441.75
Hol Cash				56.16
RetroReg				
OvrTimePrm				576.08
Overtime				1152.20
Pers Bus				112.32
Retro OT				0.05
PrplPromPP				21.00

Gross Pay 222.67 13355.81  
 Fed Tax Wages 166.65 10848.09

# Non Cash Earnings & Benefits  
 \* Excluded from Taxable Wages

TOTAL GROSS	222.67	13355.81
TOTAL TAXES	30.34	2218.57
TOTAL DEDUCTIONS	58.03	2591.12
NET PAY	134.30	8546.12

Taxes	this period	year-to-date
Fed Withholding	11.57	1001.93
Fed MED/EE	2.61	168.92
Fed OASDI/EE	11.16	722.26
IL Withholding	5.00	325.46
Total Taxes	30.34	2218.57

Deductions	this period	year-to-date
*401KPreTax	13.36	801.32
*DENTAL	1.25	50.00
*HCSA	29.16	1166.40
*PREMIER	11.75	470.00
*VISION	0.50	20.00
Charity	1.00	43.00
Opt Life	1.01	40.40
Total Deductions	58.03	2591.12
Other Information		

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FedEx Express Federal Express Corporation  
 3875 Airways, H/1 West  
 U.S. Payroll Services  
 Memphis, TN 38116

Advice Number: 0031650012  
 Advice Date: 10/24/2008  
 0000354402

Deposited to the account of  
 ROSEMARY G. WHITE

Account Number  
 XXXXXX1287

Amount  
 134.30

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

THE ORIGINAL DOCUMENT HAS AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO SEE IT.



Federal Express Corporation  
 3875 Airways, H/1 West  
 U.S. Payroll Services  
 Memphis, TN 38116

Page 001 of 001  
 Period Ending: 10/11/2008  
 Advice Date: 10/17/2008  
 Advice Number: 0031572203  
 Batch Number: DCL002007626

Exemptions Addl Amt Addl %  
 Fed: S-00  
 IL: N-00

**ROSEMARY G. WHITE**  
 -----  
 Delivering on the Purple Promise  
 makes this check possible.

Earnings	rate	hours	this period	year-to-date
FltgHolidy	14.04	4.00	56.16	168.48
Reg Earn	14.04	10.73	150.65	9464.87
Vacation	14.04	4.00	56.16	725.12
WklyMin				139.27
holiday				275.84
Sick Pay				441.75
Hol Cash				56.16
RetroReg				
OvrTimePrm				576.08
Overtime				1152.20
Pers Bus				112.32
Retro OT				0.05
Prp1PromPP				21.00
Gross Pay			262.97	13133.14
Fed Tax Wages			204.53	10681.44
# Non Cash Earnings & Benefits				
* Excluded from Taxable Wages				

TOTAL GROSS	262.97	13133.14
TOTAL TAXES	38.68	2188.23
TOTAL DEDUCTIONS	60.45	2533.09
NET PAY	163.84	8411.82
Taxes this period year-to-date		
Fed Withholding	15.68	990.36
Fed MED/EE	3.20	166.31
Fed OASDI/EE	13.66	711.10
IL Withholding	6.14	320.46
Total Taxes	38.68	2188.23
Deductions this period year-to-date		
*401KPreTax	15.78	787.96
*DENTAL	1.25	48.75
*HCSA	29.16	1137.24
*PREMIER	11.75	458.25
*VISION	0.50	19.50
Charity	1.00	42.00
Opt Life	1.01	39.39
Total Deductions	60.45	2533.09
Other information		

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Federal Express Corporation  
 3875 Airways, H/1 West  
 U.S. Payroll Services  
 Memphis, TN 38116

Advice Number: 0031572203  
 Advice Date: 10/17/2008  
 0000354402

Deposited to the account of	Account Number	Amount
ROSEMARY G. WHITE	XXXXXX1287	163.84

**THIS IS NOT A CHECK**  
**NON-NEGOTIABLE**

CO. FILE DEPT. CLOCK NUMBER 090  
 6GH 002692 007080 0091949555 1

PEACOCK ENGINEERING  
 1800 AVERILL ROAD  
 GENEVA, IL 60134

Taxable Marital Status: Single  
 Exemptions/Allowances:  
 Federal: 0  
 IL: 0

Social Security Number: XXX-XX-8988

Earnings	rate	hours	this period
Regular	14.5000	40.00	580.00
Overtime	21.7500	1.60	34.80
Holiday			
<b>Gross Pay</b>			<b>\$614.80</b>

year to date
2,650.60
130.51
232.00
3,013.11

#### Deductions

Statutory	
Federal Income Tax	-68.20
Social Security Tax	-36.34
Medicare Tax	-8.50
IL State Income Tax	-16.66

#### Other

Dental	-1.58*
Disability	-3.93
Medical	-26.40*
Term Life	-5.45
Vision	-0.75*
401K	-30.74*
<b>Net Pay</b>	<b>\$416.25</b>

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$555.33

## Earnings Statement

Period Ending: 01/25/2009  
 Pay Date: 01/30/2009



ROSEMARY WHITE  
 534 S LYMAN  
 OAK PARK IL 60304

Other Benefits and Information	this period	total to date
401K Match	24.59	120.52
401K Max Elig/C	614.80	
401K Match		120.52

CO. FILE DEPT. CLOCK NUMBER 060  
6GH 002692 007080 0092011970 1

PEACOCK ENGINEERING  
1800 AVERILL ROAD  
GENEVA, IL 60134

## Earnings Statement



Period Ending: 02/01/2009  
Pay Date: 02/06/2009

Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 0  
IL: 0

ROSEMARY WHITE  
534 S LYMAN  
OAK PARK IL 60304

Social Security Number: XXX-XX-8988

Earnings	rate	hours	this period
Regular	14.5000	39.70	575.65
Overtime			
Holiday			
<b>Gross Pay</b>			<b>\$575.65</b>

year to date

3,226.25  
130.51  
232.00  
3,588.76

### Other Benefits and Information

this period

23.02  
575.65

total to date

143.54

401K Match  
401K Max Elig/C  
401K Match

143.54

### Deductions

#### Statutory

Federal Income Tax -62.62  
Social Security Tax -33.91  
Medicare Tax -7.93  
IL State Income Tax -15.54

#### Other

Dental -1.58\*  
Disability -3.93  
Medical -26.40\*  
Term Life -5.45  
Vision -0.75\*  
401K -28.78\*  
179.43

**Net Pay \$386.76**

Excluded from federal taxable wages  
Your federal taxable wages this period are \$518.14

Rosemary White				Peacock Engineering Company, LLC			
Employee Id		2692		Department		7088	
				Period Beginning		12/01/2008	
				Period Ending		12/19/2008	
				Check Date		12/19/2008	
Earnings				Deductions			
Rate	Hours	Amount	YTD Amt	Amount	YTD Amt	Earnings Statement	
BONUS				Voucher Number			
HOL			400.00	401K	31.39	Net Pay	144015
OT	21.7500	2.20	47.85	DENTAL INS	1.58	Dir Dep Amount	435.42
PRSNL			2,029.34	DISABILITY	3.94		
REG	14.5000	40.00	580.00	MEDICAL	26.40		
RETRO			16,373.00	TERRA LINES	5.45		
VAC			116.00	VISION	0.75		
VACM			275.50				
			116.00				
Gross Earnings			42.20	Deductions			69.51
							1,302.73
Taxes			627.85				
			20,158.49				
Rate	Status	Taxable	Amount	YTD Amt			
FITW	S-1	567.73	60.06	2,035.44	Direct Deposits		
IL	S-0	567.73	17.03	2,035.44	Type	Transit	Account
MED		599.12	8.68	283.13	CHARTER ONE	C	241070417
SS		599.12	37.15	1,210.64			4511261287
							435.42
Taxes			122.92	Total Direct Deposits			
			4,092.08	Reamt			
				Amount			
				YTD Amt			
				435.42			

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Peacock Engineering Company, LLC  
1800 Averill Road  
Geneva, IL 60134

Direct Deposit Advice  
December 19, 2008

Check Date  
December 19, 2008

Voucher Number  
144015

2796  
Rosemary White  
534 S Lyman  
Oak Park, IL 60304

Direct Deposit

Type	Transit	Account	Amount
CHARTER ONE	C	241070417	4511261287
			435.42
Total Direct Deposits			435.42

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Rosemary White

Employee Id

2662

Case 09-09616

Peacock Engineering Company, LLC

Doc 1

Period Ending

10/26/2008

Check Date

10/31/2008

Document

Entered 03/20/09 15:31:32

Desc Main

Page 48 of 59

Voucher Number

142151

Net Pay

403.32

Dir Dep Amount

403.32

Earnings	Rate	Hours	Amount	YTD Amt
BONUS				200.00
HOL				232.00
OT	21.7500	0.10	2.18	1,940.15
PRSNL				58.00
REG	14.5000	24.00	348.00	13,122.50
VAC	14.5000	16.00	232.00	275.50

Deductions	Amount	YTD Amt
401K	29.11	247.57
DENTAL INS	1.58	23.70
DISABILITY	3.94	59.10
MEDICAL	26.40	396.00
TERM LIFE	5.45	81.76
VISION	0.75	11.25

Gross Earnings 40.10 582.18 15,828.15

Deductions 67.23 819.38

Taxes	Status	Taxable	Amount	YTD Amt
FITW	S-1	\$24.34	53.55	1,643.71
IL	S-0	\$24.34	15.73	454.50
MED		\$53.45	8.05	223.26
SS		\$53.45	34.32	954.63

Direct Deposits	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	403.32

Taxes 111.63 3,276.10

Total Direct Deposits	Benefit	Amount	YTD Amt
401ER		23.29	198.06

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Peacock Engineering Company, LLC

1800 Averill Road

Geneva, IL 60134

Direct Deposit Advice

Check Date

October 31, 2008

Voucher Number

142151

DIRECT DEPOSIT VOUCHER

Direct Deposit	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	403.32

2756

Rosemary White

534 S Lyman

Oak Park, IL 60304

Total Direct Deposits 403.32

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## Rosemary White

Employee Id 2692 Department 7080 Period Beginning 10/13/2008  
Period Ending 10/19/2008  
Check Date 10/24/2008

## Peacock Engineering Company, LLC

Voucher Number 141890  
Net Pay 407.90  
Dir Dep Amount 407.90

Earnings	Rate	Hours	Amount	YTD Amt
BONUS				200.00
HOL				232.00
OT	21.7500	0.40	8.70	1,937.97
PRSNL				58.00
REG	14.5000	40.00	580.00	12,774.50
VAC				43.50

Deductions	Amount	YTD Amt
401K	29.44	218.46
DENTAL INS	1.58	22.12
DISABILITY	3.94	55.16
MEDICAL	26.40	369.60
TERM LIFE	5.45	76.31
VISION	0.75	10.50

Gross Earnings 40.40 588.70 15,245.97

Deductions 67.56 752.15

Taxes	Status	Taxable	Amount	YTD Amt
FITW	S-1	530.53	54.48	1,590.16
IL	S-0	530.53	15.92	438.77
MED		559.97	8.12	215.23
SS		559.97	34.72	920.31
Taxes			113.24	3,164.47

Direct Deposits	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	407.90
Total Direct Deposits				407.90
Benefit	Amount	YTD Amt		
401ER	23.55	174.77		

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Peacock Engineering Company, LLC  
1800 Averill Road  
Geneva, IL 60134

## Direct Deposit Advice

Check Date  
October 24, 2008

Voucher Number  
141890

## DIRECT DEPOSIT VOUCHER

Direct Deposit	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	407.90

2756

Rosemary White  
534 S Lyman  
Oak Park, IL 60304

Total Direct Deposits

407.90

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Earnings					Deductions				
	Rate	Hours	Amount	YTD Amt			Amount	YTD Amt	
BONUS				200.00	401K		29.33	189.02	
HOL				232.00	DENTAL INS		1.58	20.54	
OT	21.7500	0.30	6.53	1,929.27	DISABILITY		3.94	51.22	
PRSNL				58.00	MEDICAL		26.40	343.20	
REG	14.5000	37.00	536.50	12,194.50	TERM LIFE		35.43	70.86	
VAC	14.3000	3.00	43.30	43.30	VISION		0.75	9.75	
Gross Earnings					Deductions				
40.30					97.43				
586.53					684.59				
14,657.27									
Taxes					Direct Deposits				
	Status	Taxable	Amount	YTD Amt		Type	Transit	Account	Amount
FTW	S-1	528.47	54.17	1,335.68	CHARTER ONE	C	241070417	*****1287	376.42
IL	S-0	528.47	15.85	422.85					
MED		557.80	8.08	207.11					
SS		557.80	34.58	885.59					
Taxes					Total Direct Deposits				
112.68					376.42				
3,051.23									

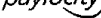
Earnings	Rate	Hours	Amount	YTD Amt	Deductions	Amount	YTD Amt
BONUS				200.00	401K	30.96	159.69
HOL				332.00	DENTAL INS	1.58	18.96
OT	21.7500	1.80	39.15	1,923.74	DISABILITY	3.94	47.28
PRSNL				58.00	MEDICAL	26.40	316.80
REG	14.5000	40.00	\$80.00	11,655.00	TERM LIFE	35.43	35.43
					VISION	0.75	9.00

Gross Earnings	41.80	619.15	14,070.74	Deductions	99.06	587.16
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Taxes	Status	Taxable	Amount	YTD Amt	Direct Deposits	Type	Transit	Account	Amount
FTW	S-1	\$59.46	\$8.82	1,481.51	CHARTER ONE	C	241070417	*****1287	399.32
IL	S-0	\$59.46	16.78	407.00					
MED		\$90.42	8.56	199.03					
SS		\$90.42	36.61	851.01					

	\$90.42	\$6.01	\$7.19	\$99.32
<hr/>				
Taxes	120.77	2,938.55		

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**Peacock Engineering Company, LLC**  
 1800 Averill Road  
 Geneva, IL 60134

**Direct Deposit Advice**

**Check Date**  
 October 10, 2008

**Voucher Number**  
 141122

**DIRECT DEPOSIT VOUCHER**

Direct Deposit	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	399.32
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>2756  <b>Rosemary White</b>            534 S Lyman            Oak Park, IL 60304</p> </div> <div style="width: 50%; text-align: right;"> <p><b>Total Direct Deposits</b></p> <p style="margin-top: 10px;"><b>399.32</b></p> </div> </div>				

DOCUMENT CONTAINS BLUE PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK & A WATERMARK. HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT.

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Earnings	Rate	Hours	Amount	YTD Amt
BONUS				200.00
HOL				232.00
OT	21.7500	1.40	30.45	1,883.59
PRSNL	14.5000	4.00	58.00	58.00
REG	14.5000	36.00	522.00	11,078.00

Deductions	Amount	YTD Amt
401K	30.52	128.73
DENTAL INS	1.58	17.38
DISABILITY	3.94	43.34
MEDICAL	26.40	290.40
VISION	0.75	8.25

Gross Earnings	41.40	610.45	13,451.59
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Deductions	63.19	488.10
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Taxes	Status	Taxable	Amount	YTD Amt
FITW	S-1	\$51.20	57.38	1,422.69
IL	S-0	\$51.20	16.34	390.22
MED		\$81.72	8.44	190.47
SS		\$81.72	36.06	814.40

Direct Deposits	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	428.64

Total Direct Deposits				428.64
Benefit	Amount	YTD Amt		
401ER	24.42	102.99		

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**Peacock Engineering Company, LLC**  
 1800 Averill Road  
 Geneva, IL 60134



Direct Deposit Advice Check Date October 3, 2008 Voucher Number 140869

DIRECT DEPOSIT VOUCHER

Direct Deposit	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	428.64

2756

**Rosemary White**  
 534 S Lyman  
 Oak Park, IL 60304

Total Direct Deposits	428.64
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DOCUMENT CONTAINS BLUE PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK & A WATERMARK. HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT.

Non Negotiable - This is not a check - Non Negotiable

Earnings	Rate	Hours	Amount	YTD Amt
BONUS				200.00
HOL				232.00
OT	21.7500	3.50	76.13	1,853.14
REG	14.5000	40.00	580.00	10,536.00

Earnings Statement	Amount	YTD Amt
401K	32.81	98.21
DENTAL INS	1.58	15.80
DISABILITY	3.94	39.40
MEDICAL	26.40	264.00
VISION	0.75	7.50

Gross Earnings	43.50	656.13	12,841.14
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Taxes	Status	Amount	YTD Amt
FITW	S-1	594.59	64.09
IL	S-0	594.59	17.84
MED		627.40	9.10
SS		627.40	38.90
			778.34

Taxes	129.93	2,699.16
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Deductions	65.48	424.91
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Direct Deposits	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	460.72

Total Direct Deposits			460.72
Benefit	Amount	YTD Amt	
401ER	26.25	78.57	

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Peacock Engineering Company, LLC  
1800 Averill Road  
Geneva, IL 60134

Direct Deposit Advice

Check Date  
September 26, 2008

Voucher Number  
140610

DIRECT DEPOSIT VOUCHER

Direct Deposit	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	460.72

Total Direct Deposits	460.72
-----------------------	--------

2756

Rosemary White  
534 S Lyman  
Oak Park, IL 60304

DOCUMENT CONTAINS BLUE PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK & A WATERMARK. HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT.

Non Negotiable - This is not a check - Non Negotiable

# Earnings

Rate	Hours	Amount	YTD Amt
OT	14.5000	38.40	556.80
REG			137.03
			1,508.00

Peacock Engineering Company, LLC

Document

Case 09-09616 Doc 1 Filed 03/20/09 Entered 03/20/09 15:31:32 Desc Main Page 54 of 59

Earnings Statement  
 Year-to-Date Amount 136079  
 Dir Dep Amount 439.09  
 439.09

Amount YTD Amt

## Gross Earnings

38.40 556.80 1,645.03

## Deductions

0.00 0.00

## Direct Deposits

Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287
			439.09

## Total Direct Deposits

439.09

Taxes	Status	Taxable	Amount	YTD Amt
FITW	S-1	556.80	58.42	171.46
IL	S-0	556.80	16.70	49.35
MED		556.80	8.07	23.85
SS		556.80	34.52	101.99

## Taxes

117.71 346.65

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Peacock Engineering Company, LLC  
 1800 Averill Road  
 Geneva, IL 60134

## DIRECT DEPOSIT VOUCHER

## Direct Deposit Advice

Check Date  
 June 6, 2008

paylocity

Voucher Number

136079

Direct Deposit	Type	Transit	Account	Amount
CHARTER ONE	C	241070417	*****1287	439.09

## Total Direct Deposits

439.09

2756  
 Rosemary White  
 534 S Lyman  
 Oak Park, IL 60304

DOCUMENT CONTAINS BLUE PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK & A WATERMARK. HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT.

Non Negotiable - This is not a check - Non Negotiable

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



IN RE:

White, Rosemary Goodie

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **351.00**

Balance Due ..... \$ **325.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Litigation / Adversary Proceedings**  
**\$400.00 for Motions to Redeem**  
**Credit Counseling Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**March 20, 2009**

Date

**/s/ Nicolette Robovsky**

**Nicolette Robovsky 6278336**  
**Gleason & Gleason**  
**77 W Washington, Ste 1218**  
**Chicago, IL 60602**  
**(312) 578-9530 Fax: (312) 578-9524**

Certificate Number: 00437-ILN-CC-005517175

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on November 28, 2008, at 11:48 o'clock AM MST,

Rosemary G White received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: November 28, 2008

By /s/Jacquelyn Galles

Name Jacquelyn Galles

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Case No. \_\_\_\_\_

Chapter 7

IN RE:

White, Rosemary Goodie  
Debtor(s)**DECLARATION REGARDING ELECTRONIC FILING**Signed by Debtor(s) or Corporate Representative  
**To Be Used When Filing over the Internet**Date: 3/6/09**PART I - DECLARATION OF PETITIONER**

A. To be completed in all cases.

I (We) Rosemary Goodie White and \_\_\_\_\_, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I (we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I (we) consent to my (our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I (we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I (we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☒ I (we) am (are) aware that I (we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I (we) understand the relief available under each such chapter; I (we) choose to proceed under chapter 7; and I (we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: \_\_\_\_\_

Rosemary Goodie White

(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_

(Joint Debtor)